



## Section 2 – DECLARATIONS (All Investors MUST complete)

### Applicant 1

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

### Applicant 2

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

DECLARATION:

**I/We confirm that all information provided in the initial application form remains current and correct.**

Signature

Signature

Date

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Date

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Company Seal (if applicable)

Company Seal (if applicable)

### Application Checklist

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address below or faxed to +612 9221 1194 or emailed to [LFS\\_registry@linkgroup.com](mailto:LFS_registry@linkgroup.com)

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